



South Carolina Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor

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South Carolina Concealed Weapon Permit Instructor Student Checklist

Student Name: _____ Student Number: _____

Address: _____

Instructor Name: _____ Instructor Number: _____

Date Training Completed: _____ Location: _____

By initialing and signing below, I hereby certify under penalty of perjury that I have successfully completed a SC CWP training class and have a working understanding of the following related topics:

Initial Below:

1. The statutory and case law of South Carolina relating to handguns and the use of deadly force. Including, prohibited carry locations in South Carolina and the proper interaction with law enforcement officers while carrying. _____
2. Handgun use and safety. _____
3. The proper storage practice for handguns with an emphasis on storage practices that reduces the possibility of accidental injury to a child. _____
4. Properly securing a firearm in a holster. _____
5. "Cocked and Locked" carrying of a firearm. _____
6. How to respond to a person who attempts to take your firearm from your holster. _____
7. Deescalation techniques and strategies. _____
8. The actual firing of a handgun in the presence of the instructor. _____

***Applicants who qualify for a Law Enforcement or Military Exemption provided in S.C. Code Ann. § 23-31-210(4)(b) are required to certify item 1 only. Applicants must provide required documentation.**

Student Signature: _____ Date: _____

****This form must be submitted with the CWP Application and the Instructor must retain a copy.**

By signing below, I hereby certify under penalty of perjury that this student has successfully completed a course of instruction that meets the standards set forth in S.C. Code Ann. § 23-31-210(4) of the South Carolina Code of Laws and specifically included the items listed above.

Based upon the applicant's performance in the CWP training class that I conducted, I recommend that this applicant be issued a Concealed Weapons Permit.

Test Score: _____ Qualification Score: _____

Instructor Signature: _____ Date: _____

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